

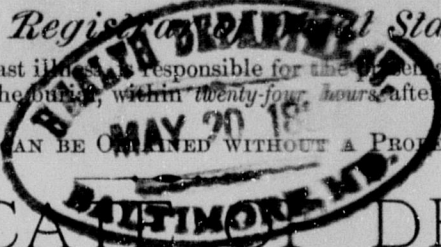
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 99892 Office of Registrar of Statistics. Ward 14

The Physician who attended any person in a last illness is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

a

Date of Death, May 18. 1887

Full Name of Deceased, Kate Taylor { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 17 Years, — Months, — Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Servant

Birth Place, Balto { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 130 Carlton St { Give Street and Number. }

Cause of Death, Consumption of the lungs
Asthenia
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, about 6 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Ceme

Date of Burial, May 20th 1887

Undertaker, William Dungee John T. King M. D. Medical Attendant.

Place of Business, 150 East St Address, 640 N. Carrollton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 10
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 99893 Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19 - 1887
Full Name of Deceased, Richard Neal {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, Male {Cross out the word not required in this line.
Age, Years, Months, 5 Days.
Color, Mulatto
Married, Single, Widow or Widower, Single {Cross out the words not required in this line. ☒
Occupation, nil.
Birth Place, Baltimore {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, lifetime
Place of Death, 1102 Douglass {Give Street and Number.
Cause of Death, Premature Birth {First (Primary), asthenic
Second (Immediate), 5 days
Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
Date of Burial, May 20th 1887
{ Undertaker, William Dunne M. D.
{ Place of Business, 150 East St Address, 408 N. Euter Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 7
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this
Health Department, City of Baltimore.
Permit No. 99894 Office of Registrar of Vital Statistics. Ward 3d
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1887
Full Name of Deceased, Rachel A Burk
Sex, Male or Female, Female
Age, 49 Years, Months, Days.
Color, Colored
Married, Single, Widow or Widower, Married
Occupation,
Birth Place, Bristol A A Co Wk
Duration of Residence in the City of Baltimore, 25 Years
Place of Death, 119 W Dallas St
Cause of Death, First (Primary), Apoplexy
Second (Immediate),
Duration of Last Sickness, 12 hours
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, May 20th 1887
Undertaker, William Dunbar
Place of Business, 151 East St Address, 1519 E Baltimore St
St E Stokes M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2 And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.
[OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 99895 Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annice Lupinek

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 54 W. Chapel St.

Cause of Death, { First (Primary), Malnutrition Second (Immediate), Exhaustion }

Duration of Last Sickness, None

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus.

Date of Burial, May 20/87

{ Undertaker, Frank Crach. } John Ayer M. D.

{ Place of Business, 827 N. Duane St. } Address, 1987 S. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. *99896*

Office of Registrar of Vital Statistics.

Ward *7*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

M. Angelica Pöhler

Sex, Male or Female, { Cross out the word not required in this line.

Female

Age, *48* Years, *7*

Months,

Days,

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Married

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number.

*1417 Anthony St.
Uterine Cancer*

Cause of Death, { First (Primary),
Second (Immediate),

Duration of Last Sickness,

About 12 mo

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cem.*

Date of Burial, *May 22nd 1887*

Undertaker, *A. Pink & Son*

M. B. Billings M. D.
Medical Attendant.

Place of Business, *915 N. Gay St.*

Address, *1206 E. Prater*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 99897 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, not after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Ostertag

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 Years, White Months, ✓ Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Widow

Occupation, Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give Street and Number. } 514 Scott

Cause of Death, { First (Primary), Second (Immediate), } Chronic Nephritic
Uremic
3 months
Intoxication

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto - County

Date of Burial, May 21st 1887

{ Undertaker, M. Seewald } Louis H. Horn M. D.
Medical Attendant.

{ Place of Business, 119 S. Eutan } Address, or Mulberry & Myrtle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

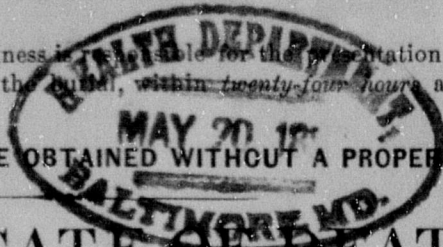
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 19th 1887
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Guyer
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
 Age, about 48 Years, Months, Days, ✓
 Color, dark Chestnut Sex, Female
 Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. } Widow
 Occupation, a Cook
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dorchester Co. Md
 Duration of Residence in the City of Baltimore, more than 35 years
 Place of Death, { Give street and number. } No 800 Corner of China, and Montgomery Streets.
 Cause of Death, { First (Primary,) } Anasarca
 { Second (Immediate,) }
 Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
 Date of Burial, May 20 1887
 { Undertaker, } Hercules Ross
 { Place of Business, } 4 E. Carroll St
 John F. Brown M. D.
 Medical Attendant.
 Address 118. Montgomery St.
 S.W.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99,899 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE GRANTED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jorethea A. Munlauf
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 66 Years, — Months, 3 Days
Color, White
~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Widower
Occupation, —
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany
Duration of Residence in the City of Baltimore, 22 Years
Place of Death, { Give Street and Number. } N.E. cor. N. Eldenrd Caroline
Cause of Death, { First (Primary), Second (Immediate), } Infirmity
Asthenia
Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery
Date of Burial, May 27 1887
{ Undertaker, Fred Gaede } J. W. U. Pickel M. D. Medical Attendant.
{ Place of Business, 108 S. Caroline } Address, 1312 Chew St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99900 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1887

Full Name of Deceased, Catherine McGlennan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 96 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, _____

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 86 years

Place of Death, {Give Street and Number.} 524 Laurens St.

Cause of Death, {First (Primary), Age & Injury from a fall.
Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 23rd 1887

{ Undertaker, Martin H. Hager } F. J. Flannery M. D.
Medical Attendant.

{ Place of Business, 606 N. Howard St. } Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

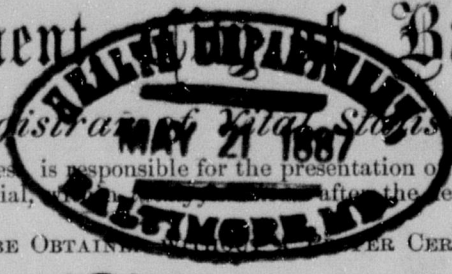
No. 99901

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department Baltimore.

Permit No. 99901 Office of Registrar of Vital Statistics.

Ward 12



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within three days after the death of said deceased, or, sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry J. Sundermyer

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 47 ⁵/₄ Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Shoemaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25 years -

Place of Death, { Give Street and Number. } 538 Preston St

Cause of Death, { First (Primary), Second (Immediate), } Carcinoma of the Liver.

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, May 23rd 1887

{ Undertaker, Martin Schaefer } { Medical Attendant, } { Place of Business, 606 N. Townsend St } Address, 414 N. Greene

Louis W. Knight M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]